

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in Ink.

F I L E

Date Stamp

MAR 22 2006

CALIFORNIA  
2001/02  
FORM

COVER PAGE

460

Page 1 of 34

For Official Use Only

Date of election if applicable:  
(Month, Day, Year)

06/06/2006

By *[Signature]* Deputy

Deputy

COPY

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)

- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)  
☐ Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)  
☐ Amendment (Explain below)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1265511

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Pat Bates for Supervisor

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Betty Presley  
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 03/21/2006  
Date

Executed on 03/21/2006  
Date

Executed on  
Date

Executed on  
Date

By *[Signature]*  
Signature of Treasurer or Assistant Treasurer  
By *[Signature]*  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By *[Signature]*  
Signature of Controlling Officeholder, Candidate, State Measure Proponent  
By *[Signature]*  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM 460

Page 2 of 24

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Patricia Bates

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Board of Supervisors  
County of Orange

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

Friends of Pat Bates - 2006

I.D. NUMBER

1263599

NAME OF TREASURER

Betty Presley

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in Ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2006 through 03/17/2006	CALIFORNIA FORM <b>460</b> Page 3 of 54 I.D. NUMBER 1265511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Pat Bates for Supervisor

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 38,133.00	\$ 38,133.00
2. Loans Received ..... Schedule B, Line 3	128,000.00	129,000.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 166,133.00	\$ 167,133.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	182.39	182.39
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 166,315.39	\$ 167,315.39

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ 179,527.42	\$ 179,527.42
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 179,527.42	\$ 179,527.42
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	47,475.40	51,344.15
10. Nonmonetary Adjustment ..... Schedule C, Line 3	182.39	182.39
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 227,185.21	\$ 231,053.96

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$
____/____/____	\$

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 313,593.20
13. Cash Receipts ..... Column A, Line 3 above	166,133.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	167.66
15. Cash Payments ..... Column A, Line 8 above	179,527.42
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 300,366.44

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0.00
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ 0.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 180,344.15

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	01/01/2006	Page	4 of 54
through	03/17/2006	I.D. NUMBER	1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/15/2006	AKM Consulting Engineers, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 06 100.00
01/31/2006	Craig P. Alexander	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Gauntlett & Associates	25.00	125.00	P 06 125.00
03/13/2006	Craig P. Alexander	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Gauntlett & Associates	100.00	125.00	P 06 125.00
01/24/2006	Ameritrust Capital Corporation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-1,400.00	100.00	P 06 1,500.00
01/24/2006	Ameritrust Capital Corporation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	100.00	P 06 1,500.00
SUBTOTAL \$				325.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 32,649.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 5,484.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 38,133.00

### \*Contributor Codes

IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2006</u>	Page <u>5</u> of <u>54</u>	
through <u>03/17/2006</u>		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/13/2006	Armour Building Company	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 06 1,000.00
01/26/2006	Brenton R. Babcock	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Knobbe, Martens, et al.	100.00	100.00	P 06 100.00
03/03/2006	Nancy J. Baumann	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA  Nancy J. Baumann, CPA	100.00	100.00	P 06 100.00
01/26/2006	Caroline J. Beeson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Capital Pacific	100.00	100.00	P 06 100.00
03/13/2006	Carolyn K. Ben	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Aqua Ben Corp	200.00	200.00	P 06 200.00
<b>SUBTOTAL \$</b>				1,500.00		

**\*Contributor Codes**

IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2006	through 03/17/2006	
Page 5 of 54		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/13/2006	Best Best & Krieger LLP	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 06 1,500.00
01/19/2006	Philip F. Bettencourt	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Consultant Bettencourt & Associates	250.00	250.00	P 06 250.00
01/26/2006	John Biggar	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	100.00	P 06 300.00
03/13/2006	Blair Revelle Communications, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 06 100.00
03/03/2006	Brio Tuscany Grille	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
<b>SUBTOTAL \$</b>				1,200.00		

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 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2006</u>	through <u>03/17/2006</u>	
Page <u>7</u> of <u>54</u>		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/26/2006	Norval L. Bruce	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker  ITLA Capital Corp.	150.00	150.00	P 06 150.00
01/19/2006	Kathleen A. Burnham	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Law Office of Kathleen Burnham	100.00	100.00	P 06 100.00
02/22/2006	Stephan Busch	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  The Busch Firm	500.00	500.00	P 06 500.00
03/03/2006	Marion L. Butterfield	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineering Manager  Boeing Company	100.00	100.00	P 06 100.00
03/03/2006	Sherri M. Butterfield	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
<b>SUBTOTAL \$</b>				950.00		

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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2006</u>	through <u>03/17/2006</u>	
Page <u>8</u> of <u>54</u>		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/26/2006	CAA - Charles Abbott Associates, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	P 06 150.00
01/26/2006	John L. Campbell	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner  John L. Campbell Insurance Agency, Inc.	100.00	100.00	P 06 100.00
01/19/2006	Melody P. Carruth	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilmember  City of Laguna Hills	1,000.00	1,000.00	P 06 1,125.00
02/22/2006	Catalina Channel Express Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 06 1,000.00
01/31/2006	Coffee Importers	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 375.00
<b>SUBTOTAL \$</b>				2,500.00		

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 IND - Individual  
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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee



**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2006</u>	Page <u>2</u> of <u>54</u>	
through <u>03/17/2006</u>		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/13/2006	Cofiroute Global Mobility, LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 06 1,374.00
01/26/2006	Conexant Systems, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
03/13/2006	Cook's Corner	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1,500.00	P 06 1,500.00
03/13/2006	Cook's Corner	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,500.00	P 06 1,500.00
01/31/2006	Eugene G. Cox	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales  Cox-Ray Corp.	200.00	200.00	P 06 200.00
<b>SUBTOTAL \$</b>				3,700.00		

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       (other than PTY or SCC)  
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 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2006	through 03/17/2006	
Page 10 of 51		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/17/2006	Lorri M. Crowe	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Townsend Public Affairs	500.00	500.00	P 06 1,500.00
02/22/2006	C. David Culbertson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planning  CAA Nevada, LLC	1,000.00	1,000.00	P 06 1,000.00
03/03/2006	Ruth E. De Nault	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  De Nault Hardware	100.00	100.00	P 06 200.00
03/13/2006	Merrill A. De Vre	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  None	100.00	100.00	P 06 150.00
01/26/2006	Deemark, LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	P 06 300.00
<b>SUBTOTAL \$</b>				2,000.00		

**\*Contributor Codes**

IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM 460</b>
from <u>01/01/2006</u>	through <u>02/17/2006</u>	
Page <u>11</u> of <u>54</u>		I.D. NUMBER <u>1265511</u>

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/31/2006	Richard E. Dietmeier	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 275.00
01/16/2006	Douglas Bender and Associates	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 06 500.00
01/26/2006	Patricia S. Douglass	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President, Government Relations  Pacific Life Insurance	100.00	100.00	P 06 250.00
03/15/2006	Ranney E. Draper	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Spring Creek Investors	100.00	100.00	P 06 100.00
01/31/2006	Bob Ferguson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oil Exploration  Bob Ferguson-Independent	100.00	100.00	P 06 700.00
<b>SUBTOTAL \$</b>				900.00		

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 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2006</u> through <u>03/17/2006</u>		<b>CALIFORNIA FORM 460</b>
Page <u>12</u> of <u>54</u>		
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/31/2006	Kathleen M. Ferguson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
01/31/2006	Karen Davis Ferlauto	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator  County of Orange	100.00	100.00	P 06 325.00
03/13/2006	Vito Ferlauto	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
03/07/2006	Gabriel Ferrucci	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Ferrucci Properties LLC	-1,500.00	-1,500.00	P 06 1,500.00
01/31/2006	Richard O. Frazee	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	150.00	150.00	P 06 150.00
<b>SUBTOTAL \$</b>				-1,050.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2006</u> through <u>03/17/2006</u>		<b>CALIFORNIA FORM 460</b>
Page <u>13</u> of <u>54</u>		
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/26/2006	Fuscoe Engineering, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	.	100.00	100.00	P 06 100.00
01/31/2006	Michael E. Gagnet	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Vice President  Makar Properties	250.00	250.00	P 06 250.00
01/31/2006	Carl W. Garrett	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
03/13/2006	Rose Marie Gross	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Manager  Shelby's Car Alarms	200.00	200.00	P 06 470.00
03/03/2006	Harrington Geotechnical Engineering Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 06 350.00
<b>SUBTOTAL \$</b>				750.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2006</u>	through <u>02/17/2006</u>	
Page <u>14</u> of <u>54</u>		I.D. NUMBER <u>1265511</u>

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/14/2006	Robert Gillies	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 500.00
01/26/2006	Government Solutions, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	P 06 374.00
03/03/2006	GPM Management Services Corp	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 06 700.00
01/26/2006	Roger A. Grable	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Manatt Phelps & Phelps	100.00	100.00	P 06 100.00
03/13/2006	Thomas G. Grable	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  William Lyon Homes	100.00	100.00	P 06 100.00
<b>SUBTOTAL \$</b>				649.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2006</u> through <u>03/17/2006</u>		<b>CALIFORNIA FORM 460</b> Page <u>15</u> of <u>54</u> I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/15/2006	Harriet A. Harris	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Harris-Taylor Management	500.00	500.00	P 06 500.00
01/26/2006	Helen B. Hills	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneur  Little Bohemian	100.00	100.00	P 06 100.00
01/31/2006	Susan W. Hinman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 225.00
01/06/2006	Martha House	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant  Martha House, CPA	100.00	100.00	P 06 100.00
01/24/2006	HRP Landesign	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
<b>SUBTOTAL \$</b>				1,050.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2006</u> through <u>03/17/2006</u>		<b>CALIFORNIA</b> <b>FORM 460</b>
Page 16 of 54		
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/31/2006	Jeannie Hyde	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner  Jeannie Hyde Packing, Inc.	100.00	100.00	P 06 100.00
01/31/2006	Suzanne Jones	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	School Administrator  Orange Unified School District	100.00	100.00	P 06 100.00
02/22/2006	KB Home Coastal, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 06 500.00
03/13/2006	Martyn Hoffmann	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Intermediary  Driftwood Ohana Holdings & Properties	200.00	200.00	P 06 200.00
03/15/2006	Lee Huessener	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Consultant  A.G. Edwards	200.00	200.00	P 06 300.00
<b>SUBTOTAL \$</b>				1,100.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2006</u>	Page <u>17</u> of <u>54</u>	
through <u>03/17/2006</u>		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/13/2006	Human Performance Institute	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 06 225.00
01/26/2006	Heidi Larken-Reed	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant  Heidi Larkin-Reed	1,500.00	1,500.00	P 06 1,500.00
03/03/2006	Inland Group Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 06 1,350.00
03/03/2006	Saundra F. Jacobs	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal  SFC Consultants	500.00	500.00	P 06 500.00
03/13/2006	JL Hare Associates, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 06 100.00
<b>SUBTOTAL \$</b>				2,700.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2006	through 03/17/2006	
Page 19 of 54		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/03/2006	Ken Spiker and Associates, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
03/03/2006	E. John Koch	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
03/13/2006	Law Offices of Verlyn N. Jensen	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 06 500.00
01/26/2006	Matt Lawson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Private Investigator  Matt Lawson	100.00	100.00	P 06 100.00
03/13/2006	Kathleen Lechner	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist  None	100.00	100.00	P 06 225.00
<b>SUBTOTAL \$</b>				1,050.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2006</u> through <u>03/17/2006</u>		<b>CALIFORNIA FORM 460</b> Page <u>19</u> of <u>54</u> I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/03/2006	Christopher M. Leo	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regional Director  St Joseph Health System	100.00	100.00	P 06 100.00
01/31/2006	Richard A. Mackaig	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 300.00
01/26/2006	Market Director Orange County	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		275.00	275.00	P 06 275.00
01/26/2006	Alejandro J. Martinez	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Consultant  Alejandro J. Martinez P.E.	100.00	100.00	P 06 100.00
02/22/2006	Donald D. Mason	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
<b>SUBTOTAL \$</b>				675.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2006</u>	Page <u>20</u> of <u>54</u>	
through <u>03/17/2006</u>		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/03/2006	Mary Aileen Matheis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Law Offices of Mary Aileen Matheis	100.00	100.00	P 06 100.00
03/15/2006	JoAn L. McDonald	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
01/26/2006	W. W. McDonald	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
03/15/2006	Patrick McIntosh	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Officer  Orange County Fire Authority	100.00	100.00	P 06 100.00
03/03/2006	Robert Donald McIntyre	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Law Offices of R. Donald McIntyre	100.00	100.00	P 06 600.00
<b>SUBTOTAL \$</b>				500.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2006</u> through <u>03/17/2006</u>		<b>CALIFORNIA FORM 460</b>
Page <u>21</u> of <u>54</u>		
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/31/2006	Barbara S. Merriman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Orange County Planning Commission	100.00	100.00	P 06 150.00
03/03/2006	Robert J. Miller	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 450.00
03/13/2006	Fred Minagar	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commissioner  County of Orange	100.00	100.00	P 06 100.00
03/03/2006	Jim Mirrotto	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance  Jim Mirrotto Insurance	100.00	100.00	P 06 100.00
01/26/2006	William D. Naeve	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Law Offices of William D. Naeve	100.00	100.00	P 06 100.00
<b>SUBTOTAL \$</b>				500.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM 460</b>
from <u>01/01/2006</u>		
through <u>03/17/2006</u>		Page <u>22</u> of <u>54</u>
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/15/2006	Ruby L Netzley	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilmemeber  City of Dana Point	100.00	100.00	P 06 325.00
03/03/2006	Harold V. Nootbaar	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 200.00
03/03/2006	Tom O'Malley	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	P 06 100.00
03/13/2006	Forrest F. Owen	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	475.00	475.00	P 06 1,500.00
03/03/2006	Mary L. Owen	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  None	500.00	525.00	P 06 525.00
<b>SUBTOTAL \$</b>				1,275.00		

**\*Contributor Codes**

IND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 01/01/2006

through 03/17/2006

CALIFORNIA  
FORM 460

Page 23 of 54

NAME OF FILER

Pat Bates for Supervisor

I.D. NUMBER

1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/13/2006	Mary L. Owen	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  None	25.00	525.00	P 06 525.00
01/31/2006	Pacific Environmental Planning	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	P 06 475.00
03/13/2006	George J. Pagano	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker  Prudential CA Realty	200.00	200.00	P 06 1,175.00
03/15/2006	Philip L. Anthony Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 06 900.00
03/15/2006	Thomas H. Purcell	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Spring Creek Investors	100.00	100.00	P 06 100.00
SUBTOTAL \$				975.00		

\*Contributor Codes

IND - Individual

COM - Recipient Committee  
(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2006</u>	Page <u>24</u> of <u>51</u>	
through <u>03/17/2006</u>		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/26/2006	Leslie Ann Ray	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Activist  Leslie Ann Ray	150.00	150.00	P 06 150.00
01/19/2006	Rick Engineering Company	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 06 500.00
03/15/2006	Steven J. Ross	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner  Duncan Capital	100.00	100.00	P 06 100.00
01/31/2006	San Clemente Sportfishing, Inc. dba Dana Wharf Sportfishing	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 06 500.00
01/26/2006	Francine Pace Scinto	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Asset Manager  Orange County Associates	150.00	150.00	P 06 150.00
<b>SUBTOTAL \$</b>				1,400.00		

**\*Contributor Codes**

IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 01/01/2006

through 03/17/2006

CALIFORNIA  
FORM **460**

Page 25 of 54

NAME OF FILER

Pat Bates for Supervisor

I.D. NUMBER

1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/13/2006	Susan W. Senescu	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  None	100.00	100.00	P 06 100.00
03/03/2006	Sheldon Group	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 06 500.00
03/15/2006	Aisha Simjee	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	150.00	150.00	P 06 150.00
03/16/2006	South Coast Apartment Association CAAPAC (#745208)	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 06 1,000.00
03/13/2006	Roy F. Stephenson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Civil Engineer  Berryman & Heniger	100.00	100.00	P 06 300.00
<b>SUBTOTAL \$</b>				1,850.00		

**\*Contributor Codes**

IND - Individual

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM 460</b>
from <u>01/01/2006</u>		
through <u>03/17/2006</u>		Page <u>26</u> of <u>54</u>
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/13/2006	Daniel T. Stetson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COO  Ocean Institute	100.00	100.00	P 06 225.00
03/13/2006	Julie L. Stevens	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor  Coldwell Banker	100.00	100.00	P 06 200.00
03/15/2006	James J. Strebis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  James J Strebis MD	150.00	150.00	P 06 150.00
03/03/2006	Sukut Construction, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 06 250.00
01/19/2006	Templeton Planning Group	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 06 500.00
<b>SUBTOTAL \$</b>				1,100.00		

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 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2006</u>	Page <u>27</u> of <u>54</u>	
through <u>03/17/2006</u>		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/17/2006	Gary Thompson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant  GST Consulting	750.00	750.00	P 06 1,125.00
03/03/2006	Tierra Verde Industries	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 06 1,000.00
03/17/2006	Christopher Townsend	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  Townsend Public Affairs, Inc.	100.00	100.00	P 06 1,500.00
01/31/2006	Franklin D. Tucker	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	50.00	150.00	P 06 250.00
03/13/2006	Franklin D. Tucker	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	150.00	P 06 250.00
<b>SUBTOTAL \$</b>				2,000.00		

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       (other than PTY or SCC)  
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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM 460</b>
from <u>01/01/2006</u>		
through <u>03/17/2006</u>		Page <u>28</u> of <u>54</u>
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/13/2006	VESystems Corporation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 06 500.00
03/03/2006	Margaret Waters	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Magnauson & Waters	350.00	350.00	P 06 350.00
01/31/2006	Margaret A. Webb	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  None	300.00	300.00	P 06 300.00
03/03/2006	Western Flooring Associates	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 06 725.00
03/13/2006	Western Medical Center - Santa Ana	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 06 1,500.00
<b>SUBTOTAL \$</b>				2,750.00		

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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM 460</b>
from <u>01/01/2006</u>		
through <u>03/17/2006</u>		Page <u>29</u> of <u>54</u>
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/13/2006	W. Paul Whitelock	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor*  Re/Max Realty	100.00	100.00	P 06 300.00
02/22/2006	Scott C. Whitmore	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA  Scott C. Whitmore, Certified Public Accountant	100.00	100.00	P 06 100.00
03/13/2006	Joann M. Williams	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  None	100.00	100.00	P 06 100.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				300.00		

**\*Contributor Codes**

IND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period

from 01/01/2006

through 03/17/2006

CALIFORNIA  
FORM

460

Page 30 of 54

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

I.D. NUMBER

1265511

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Patricia Bates  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 DATE DUE	0.00% RATE \$ 0.00	\$ 1,000.00 05/01/2004 DATE INCURRED	CALENDAR YEAR \$ 128,000.00 PER ELECTION** P06 129,000.00
Patricia Bates  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 0.00	\$ 128,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 128,000.00 03/17/2007 DATE DUE	0.00% RATE \$ 0.00	\$ 128,000.00 03/17/2006 DATE INCURRED	CALENDAR YEAR \$ 128,000.00 PER ELECTION** P06 129,000.00
  † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION**
<b>SUBTOTALS \$ 128,000.00 \$ 0.00 \$ 129,000.00 \$ 0.00</b>								

## Schedule B Summary

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ 128,000.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 128,000.00**  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

### 1 Contributor Codes

IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2006</u> through <u>03/17/2006</u>		<b>CALIFORNIA FORM 460</b>
		Page <u>31</u> of <u>54</u>
		I.D. NUMBER 1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/19/2006	Jeanette Krembas	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Prudential California Realty	Event Supplies	153.30	182.39	P 06 182.39
01/31/2006	Jeanette Krembas	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Prudential California Realty	Event Beverages	29.09	182.39	P 06 182.39
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 182.39

## Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.) \$ 182.39

2. Amount received this period – unitemized nonmonetary contributions of less than \$100

\$ 0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 182.39

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded,  
to whole dollars.

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2006	
through		03/17/2006
Page		32 of 54
I.D. NUMBER		1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aliso Niguel News	PRT		900.00
Aliso Niguel News	PRT		1,012.50
Betty Presley & Associates, Inc.	PRO		750.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 2,662.50

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 179,393.11
2. Unitemized payments made this period of under \$100	\$ 134.31
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b> 179,527.42



**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2006		
through 03/17/2006		Page 33 of 54
NAME OF FILER		I.D. NUMBER
Pat Bates for Supervisor		1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Betty Presley & Associates, Inc.	PRO		340.00
Betty Presley & Associates, Inc.	PRO		750.00
Betty Presley & Associates, Inc.	PRO		750.00
CA Law Enforcement Voter Guide (#598005)	LIT	Slate Card	5,700.00
CNA Insurance	OFC		250.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 7,790.00**

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2006	
through	03/17/2006	Page <u>34</u> of <u>54</u>
		I.D. NUMBER 1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Voter Guide (#595004)	LIT		Slate Card	7,700.00
Marilyn Cavanaugh	FND			225.00
Citizens for Good Government (#599010)	LIT		Slate Card	6,700.00
Continuing the Republican Revolution (#598041)	LIT		Slate Card	8,000.00
Democratic Voters Choice (#595002)	LIT		Slate Card	3,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 25,625.00

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	01/01/2006	
through	03/17/2006	Page <u>35</u> of <u>54</u>
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gilliard Blanning Wysocki & Associates	CNS		4,000.00
Gilliard Blanning Wysocki & Associates	CNS		5,000.00
Gilliard Blanning Wysocki & Associates	LIT		1,225.00
Gilliard Blanning Wysocki & Associates	OFC		231.60
Gilliard Blanning Wysocki & Associates	CNS		5,100.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 15,556.60

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	01/01/2006	
through	03/17/2006	Page <u>36</u> of <u>54</u>
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gilliard Blanning Wysocki & Associates	WEB		1,525.00
Gilliard Blanning Wysocki & Associates	POL		12,900.00
Gilliard Blanning Wysocki & Associates	TEL		9,248.00
Hennessey's Tavern	FND		1,081.60
Independent Voters League (#588034)	LIT	Slate Card	2,400.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 27,154.60

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	01/01/2006	
through	03/17/2006	Page <u>37</u> of <u>54</u>
NAME OF FILER		I.D. NUMBER
Pat Bates for Supervisor		1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

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<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jett Communications	OFC		370.50
John F. Kennedy Alliance (#590011)	LIT	Slate Card	2,800.00
MPower Communications	OFC		814.68
Official Non Partisan Voter Guide (#1277947)	LIT	Slate Card	7,500.00
Orange County Registrar of Voters	FIL		1,094.09

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 12,579.27

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2006	
through	03/17/2006	Page 38 of 54
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
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<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Orange County Registrar of Voters	FIL		4,401.00
Parents Ballot Guide (#1226502)	LIT	Slate Card	5,400.00
Paule Consulting, Inc.	CNS		225.00
Political Data, Inc.	LIT		585.18
Sergio Prince	CNS		7,028.48

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 17,639.66

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period  
from 01/01/2006  
through 03/17/2006

**CALIFORNIA**  
**FORM** **460**

Page 39 of 54

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

ID NUMBER

1265511

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>OMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sergio Prince	OFC		630.73
Sergio Prince	CNS		5,000.00
Sergio Prince	OFC		1,488.21
Sergio Prince	CNS		5,000.00
SBC	OFC		211.52

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 12,330.46

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	01/01/2006	
through	03/17/2006	Page <u>40</u> of <u>54</u>
		I.D. NUMBER 1265511

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Pat Bates for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Shapell Industries	OFC		2,000.00
Shapell Industries	OFC		2,000.00
Shapell Industries	OFC		2,000.00
Sign Strategies	CMP		5,750.00
South County Signs & Banners	CMP		199.34

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 11,949.34



**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	01/01/2006	
through	03/17/2006	Page <u>41</u> of <u>54</u>
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>OMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
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<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Super Dave's Printing	FND		1,308.39
Team California (#598036)	LIT	Slate Card	6,062.00
The Early Voter Guide (#1264931)	LIT	Slate Card	5,700.00
The Monaco Group	LIT		6,950.00
The Monaco Group	LIT		8,517.27

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 28,537.66

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	01/01/2006	
through	03/17/2006	Page 42 of 54
ID NUMBER		1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
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<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Monaco Group	LIT		6,005.00
The Monaco Group	LIT		8,150.00
The St. Regis Monarch Beach	FND		1,513.02
The St. Regis Monarch Beach	FND		1,500.00
Tivoli Terrace	FND		400.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 17,568.02

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period from 01/01/2006 through 03/17/2006	<b>CALIFORNIA FORM 460</b>
Page 43 of 54	I.D. NUMBER 1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Betty Presley & Associates, Inc.	FND	0.00	471.00	0.00	471.00
Marilyn Cavanaugh	FND	225.00	0.00	225.00	0.00
Fukushima Photography	LIT	0.00	821.63	0.00	821.63
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>		<b>SUBTOTALS \$</b>	225.00 \$	1,292.63 \$	225.00 \$ 1,292.63

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS \$** 51,344.15
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 3,868.75
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 47,475.40  
May be a negative number

**Schedule F**  
**(Continuation Sheet)**  
**Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE F (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2006	
through	03/17/2006	Page 44 of 54
I.D. NUMBER		1265511

NAME OF FILER

Pat Bates for Supervisor

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Gilliard Blanning Wysocki & Associates	TEL	0.00	2,495.04	0.00	2,495.04
Gilliard Blanning Wysocki & Associates	OFC	0.00	513.83	0.00	513.83
Gilliard Blanning Wysocki & Associates	LIT	0.00	1,775.00	0.00	1,775.00
Gilliard Blanning Wysocki & Associates	CMP	0.00	4,885.63	0.00	4,885.63
<b>SUBTOTALS \$</b>		<b>0.00 \$</b>	<b>9,669.50 \$</b>	<b>0.00 \$</b>	<b>9,669.50</b>

**Schedule F**  
**(Continuation Sheet)**  
**Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE F (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	01/01/2006	
through	03/17/2006	Page <u>45</u> of <u>54</u>
		I.D. NUMBER 1265511

NAME OF FILER

Pat Bates for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Gilliard Blanning Wysocki & Associates	CNS	0.00	2,000.00	0.00	2,000.00
Gilliard Blanning Wysocki & Associates	CNS	0.00	5,100.00	0.00	5,100.00
Political Data, Inc.	LIT	0.00	161.14	0.00	161.14
Political Data, Inc.	LIT	0.00	230.61	0.00	230.61
<b>SUBTOTALS \$</b>		<b>0.00 \$</b>	<b>7,491.75 \$</b>	<b>0.00 \$</b>	<b>7,491.75</b>

**Schedule F**  
**(Continuation Sheet)**  
**Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE F (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2006	
through	03/17/2006	Page 46 of 54
NAME OF FILER		I.D. NUMBER
Pat Bates for Supervisor		1265511

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Political Data, Inc.	LIT	0.00	442.83	0.00	442.83
Political Data, Inc.	LIT	0.00	554.14	0.00	554.14
Political Data, Inc.	LIT	0.00	4,829.42	0.00	4,829.42
Sergio Prince	OFC	630.73	0.00	630.73	0.00
<b>SUBTOTALS \$</b>		630.73 \$	5,826.39 \$	630.73 \$	5,826.39

**Schedule F**  
**(Continuation Sheet)**  
**Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE F (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2006	
through	03/17/2006	Page 47 of 54
NAME OF FILER		I.D. NUMBER
Pat Bates for Supervisor		1265511

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Sign Strategies	CMP	0.00	3,419.44	0.00	3,419.44
The Monaco Group	LIT	0.00	6,610.51	0.00	6,610.51
The Monaco Group	LIT	0.00	16,984.12	0.00	16,984.12
The St. Regis Monarch Beach	FND	3,013.02	0.00	3,013.02	0.00
<b>SUBTOTALS \$</b>		3,013.02	\$ 27,014.07	\$ 3,013.02	27,014.07

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

Statement covers period		SCHEDULE G	
from	01/01/2006	CALIFORNIA FORM <b>460</b>	
through	03/17/2006	Page 48 of 54	I.D. NUMBER 1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Betty Presley & Associates, Inc.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ayres Hotel	FND		471.00

Attach additional information on appropriately labeled continuation sheets.

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**TOTAL \* \$ 471.00**



**Schedule G****Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

**CALIFORNIA  
FORM 460**Statement covers period  
from 01/01/2006  
through 03/17/2006Page 49 of 54I.D. NUMBER  
1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Gilliard Blanning Wysocki &amp; Associates

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

**\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BlogAtomic	WEB		1,525.00
Cox Communications, Inc.	TEL		9,248.00
Impact Placements	CMP		4,885.63
Light Graphics	LIT		1,225.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 16,883.63**\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.**

**Schedule G****Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**Type or print in ink.  
Amounts may be rounded  
to whole dollars.Statement covers period  
from 01/01/2006  
through 03/17/2006SCHEDULE G  
**CALIFORNIA FORM 460**Page 50 of 54I.D. NUMBER  
1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Gilliard Blanning Wysocki &amp; Associates

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

ND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Light Graphics	LIT		1,775.00
Matt Cunningham	CNS		2,000.00
Matt Cunningham	CNS		2,000.00
Murphy Film Group	TEL		1,035.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 6,810.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2006	
through	03/17/2006	Page 51 of 54
		I.D. NUMBER 1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Gilliard Blanning Wysocki & Associates

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Probolsky Research	POL		12,900.00
Studio Z Recording	TEL		1,460.04

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 14,360.04**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded  
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SCHEDULE G

**CALIFORNIA FORM 460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Sergio Prince

Statement covers period

from 01/01/2006

through 03/17/2006

Page 52 of 54

I.D. NUMBER

1265511

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
 CNS campaign consultants  
 CTB contribution (explain nonmonetary)\*  
 CVC civic donations  
 FIL candidate filing/ballot fees  
 FND fundraising events  
 IND independent expenditure supporting/opposing others (explain)\*  
 LEG legal defense  
 LIT campaign literature and mailings

MBR member communications  
 MTG meetings and appearances  
 OFC office expenses  
 PET petition circulating  
 PHO phone banks  
 POL polling and survey research  
 POS postage, delivery and messenger services  
 PRO professional services (legal, accounting)  
 PRT print ads

RAD radio airtime and production costs  
 RFD returned contributions  
 SAL campaign workers' salaries  
 TEL t.v. or cable airtime and production costs  
 TRC candidate travel, lodging, and meals  
 TRS staff/spouse travel, lodging, and meals  
 TSF transfer between committees of the same candidate/sponsor  
 VOT voter registration  
 WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
OfficeMax	OFC		260.04
Sir Speedy	OFC		157.64
US Postmaster	POS		846.60

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 1,264.28**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2006	
through	03/17/2006	Page 53 of 54
		I.D. NUMBER 1265511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Bates for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Monaco Group

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster	LIT		6,950.00
US Postmaster	LIT		6,005.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 12,955.00**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

# Schedule I Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2006  
through 03/17/2006

SCHEDULE I

CALIFORNIA  
FORM **460**

Page 54 of 54

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Pat Bates for Supervisor

I.D. NUMBER  
1265511

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
03/01/2006	SBC	Refund	167.66

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 167.66

## Schedule I Summary

1. Itemized increases to cash this period. .... \$ 167.66  
 2. Unitemized increases to cash of under \$100 this period. .... \$ 0.00  
 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... \$ 0.00  
 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** 167.66